

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/811,542	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.	* IND. DEP.	* IND. DEP.	* IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
14	/						64			
15	/						65			
16	/						66			
17	/						67			
18	/						68			
19	/						69			
20	/						70			
21	/						71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26							76			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	/	↓		↓		↓	TOTAL IND.	↓		↓
TOTAL DEP.	17	↓		↓		↓	TOTAL DEP.	↓		↓
TOTAL CLAIMS	18						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS